Revised Manifest Summary Report

TEAM PATERSON TEAM PATTERSON MOTOR PARTS

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
11/12/1987		87519542		108	LBS		CMP		
12/21/1987		87519517		0	LBS		CMP		
03/02/1988	-	87478560		36	LBS	T	CMP		
04/05/1988		87832677		144	LBS		CMP		

Total Records: 4

Default Volume: 0

Total Waste Volume: .144

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3 Generator	Name and Mailing A	Address CA	598130	201 19	100	2019	A. State	8751		nber 7
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	r 1 Company Name	4-1165-1-0	6	US EPA II	Number		C. State	Transporter's	ID CL	57323
-	W KLEEN	CORP	ICHA	0000	91116	9010	D. Trans	porter!s Phon	619	265-233
7 Transporte	Company Name		. 8	US EPA II	Number	- 10	1000	Transporter's		9518
		en-607	KA		817141	516p		porter's Phon	7145	934947
3 Designate	Facility Name and S	ite Address), ¹⁰	US EPA II) Number	T.		Facility's ID	Lau	51991
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IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Revised Manifest Summary Report

TEAM PATTERSON MOTOR PARTS TEAM PATTERSON MOTOR PARTS

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
09/14/1987		86055990		576	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .288

of California—Health and Welfare Agency Sprint or type. <i>(Form designed for use on elite (12-pitch) typewriter.)</i>			Toxia	Substank Sak	ces Control Di cramento, Cali
WASTE MANIFEST APPISEMENT SE	Maniles No.	2. Page of			e shaded are d by Feder
Generator's Name and Mailing Address TEAM PATTERSON TIO A LAS PORAS ROPE NOTORS PORTS SAN MARCO (70		60556		mber
A. Generator's Phone (6/9) 744 - 2773			generale/s li		
5. Transporter 1 Company Name 6. US EPAID Num	nber 51.4513	The Part of the Part of the) Van sperioasi Sperioa officer	Charles Annual	77/35/72 53:72:10:1
7. Transporter 2 Company Name Ween Cord CAD 980871		the second second		CONTRACTOR OF STREET	AND REAL PROPERTY OF THE PERSON NAMED IN
9. Designated Facility Name and Site Address / 10. US EPAID Non EPECE FEDERAL CURPORATION	nber		Facility's ID AD 04224	5001	
THE TOWN OF SCORE		H. Feel	lity's Phorie	21	3/698-0
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont	Type	13. Total Quantity	14. Unit WWVol	L Waste No
ELTERNIA LATERIAL.		1.3		p	F003 212
(t) Telliniliki iteli	16		1 576		
	1.1				
			4444		
J. Additional Descriptions for Materials Listed Above		K. Hend	lling Codes for	Wastee L	leted Above
7.64分工。FOCO			01		
5. Special Handling Instructions and Additional Information					
1 . F GINGY RESPONS 1(312)697-8461 OR 1(3	13000	-466	C ZAHR		
6. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are f	ŭily and acc	urately d	escribed above	by	
proper shipping name and are classified, packed, marked, and labeled, and are in all respect according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulations.					
under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce have determined to be economically practicable and I have selected the method of tresminimizes the presept and future threat to human health and the environment.	the volume	and tox	icity of waste	generated	to the degre
Britted Tyged Ham	- Coll				Month Day
7. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature)//				Month Day
18. Transporter 2 Acknowledgement of Receipt of Materials	VA	100)		99/19
Printed Typed Name Signature W	Kurs	ast	5		Month Day
9. Discrepancy Indication Space	1.				
20, Facility Owner or Operator: Certification of receipt of hazardous materials covered by it	his manifest	except	as noted in Ite	m 19.	New York

DHS 8022 A (11/85) (EPA 8700—22)

White: TSDF SENDS THIS GOFY TO DOHS WITHIN 30 DAYS
To: P.O. Box 3000 Socramento CA 95812